

UPR/F4  
R 07/96

OFFICE OF STATE UNIFORM PAYROLL  
AGENCY PAYABLES REQUEST  
BATCH CONTROL FORM

CTL. NO.	AGENCY NAME	K CL FUND NO.
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PAYROLL DEDUCTION PAY EXPENSE	6315	\$ _____
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ACCRUED EMPLOYEE BENEFIT PAY EXPENSE	6325	\$ _____
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TOTAL REQUESTED GFS		\$ _____
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A. Agency Batch Number \_\_\_\_\_

B. Number of Checks Requested \_\_\_\_\_

C. List Void Checks:      Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Number of Void Checks \_\_\_\_\_ Total \$ \_\_\_\_\_

D. Number of Code Corrections \_\_\_\_\_

E. Total Number of Documents to be processed \_\_\_\_\_

F. Beginning Request Number \_\_\_\_\_ Ending Request Number \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_